

EMERGENCY HOSPITAL
PO BOX 601529
CHARLOTTE NC 282601529
7043844920

2010 071200382

38 PAT CNTRL #	39 MED. REC. #	40 TYPE OF BILL
5 FED. TAX NO. 0000	6 STATEMENT COVERS PERIOD FROM 061810 THROUGH 061910	7
560554230		0111

8 PATIENT NAME	9 PATIENT ADDRESS	10
	SALISBURY	
11 SEX	12 DATE	13 HR
M	061810	22
14 TYPE	15 SRC	16 DHR
2	4	13
17 STAT	18	19
21		
20	21	22
23	24	25
26	27	28
29	30	31
32	33	34
35	36	37

1245 CAMP RD

SALISBURY NC 28147

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0210	CCU	2052.00		1	205200		
0250	PHARMACY			17	93880		
0255	DRUGS/INCIDENT RAD			152	76000		
0272	STERILE SUPPLY			2	13000		
0300	LAB			9	129700		
0481	CARDIAC CATH LAB			1	1584000		
0730	EKG/ECG			1	20400		

0001	PAGE 1 OF 1	CREATION DATE	062510	TOTALS	2122180	000
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50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57
PIEDMONT CORRECTIO	00000	Y	Y	000	000	1881647204	560554230
						OTHER	
						PRV ID	

58 INSURED'S NAME	59 REL. INFO	60 INSURER'S GROUP ID	61 GROUP NAME	62 INSURANCE GROUP NO.
	18			

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
000863601		

66	78659	53081	4019	71590	496	41401	V5866	V1582	V173	68
67	78659									

69 ADMIT DX	70 PATIENT REASON DX	71 FPS CODE	72 ECI	73
78650		125		
74	78650	75		
3722	061810	8853	061810	061810
76	78650	77		
3722	061810	8853	061810	061810
78	78650	79		
3722	061810	8853	061810	061810

80 REMARKS	81	82	83	84	85	86	87	88	89	90
PIEDMONT CORRECTIO	B3282N00000X	B25								
4220 MAIL SERVICE CE										
RALEIGH NC 27699										